

NOV 24 1937

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Shelby  
Township East Union  
City Shelbina (No.       )

Registration District No. 830  
Primary Registration District No. 4503

File No. 38960  
Registered No. 43  
St.        Ward       

## 2. FULL NAME

(a) Residence, No.        St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

male

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(or, WIFE OF)

Jesse Hance

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7/25/1917

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

20217

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

laborer

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hutchinson  
Missouri

## 13. NAME

Jesse Hance

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

## 15. MAIDEN NAME

Clara Barnard

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

## 17. INFORMANT (ADDRESS)

Willie Hance  
Shelbina, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Shelbina, Mo.

DATE

10/14/1937

## 19. UNDERTAKER (ADDRESS)

William A. Burkholder  
Shelbina, Mo.

## 20. FILED

Oct 15 1937Ruth Joyner  
Registrar

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 12 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

Sept. 23 1937 to Oct. 12 1937I last saw him alive on Oct. 12 1937 Death is saidto have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

accidental gunshot  
swound from left  
chest & left shoulder.

Date of onset

## Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9 23 1937Where did injury occur? Shelby County near Shelbina

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

country road.Manner of injury accidental discharge of shot gunNature of injury left chest & shoulder24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

J. A. Furnish, M. D.

(Address)

Shelbina, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

